Ophthalmic Literature

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Biological
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Vol. VI. JANUARY, 1916 No. 1

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PRICE FIVE DOLLARS PER YEAR, IN ADVANCE

Published Monthly by EDWARD JACKSON, 318 Majestic Building, Denver, Colorado, U. S. A.

Entered as second-class matter November 6, 1912, at the Postoffice at Denver, Colorado, under the Act of March 3, 1879.

Skiascopy and Its Practical Application

BY EDWARD JACKSON, M. D., DENVER, COLO.

FOURTH EDITION

REVISED AND ENLARGED. WITH CHAPTERS ON EXACT SKIASCOPY AND AUTO-SKIASCOPY. OCTAVO 120 PAGES, ILLUSTRATED.
SENT POST-PAID ON RECEIPT OF ONE DOLLAR.

Herrick Book and Stationery Company

934 15th Street Denver, Colorado

Ophthalmic Literature

VOL. VI. JANUARY, 1916. NO. 1.

Edited by EDWARD JACKSON. Assisted by WILLIAM H. CRISP.

LITERATURE TO BE INDEXED.

The primary purpose of **Ophthalmic Literature** was to furnish an up-to-date index of current literature relating to ophthalmology. This it has been able to do to an extent not hitherto accomplished by any other publication, although never fully attaining the ideal aimed at. It has been published promptly, before the middle of the month succeeding that of the literature it contains, instead of two or three months later as its only rival in such indexing, **The Index Medicus.**

But every month some papers are noticed that might have been noticed one or more months earlier, if only they had been promptly received. Many papers that relate to ophthalmology appear in the hundreds of general medical journals that it is impossible to exchange with, or to receive promptly by subscription. Many other articles to be noticed appear in sporadic publications, and can only be promptly noticed if their authors see that copies are sent direct to this journal; while some articles to be noticed are found in publications addressed to the lay public.

At the present time the delays of foreign mail transmission are very serious. We have arranged to receive certain journals by more than one route, or means of transmission. Yet in spite of this, chance sometimes prevents them from being available for our index, until several weeks after the proper date. The deficiencies in this respect are, however, more apparent than real. For instance, we have received in the past month the **Archives d'Ophtalmologie** for December, 1914; this is only fresh from the press. The latest number of **La Clinique Ophtalmologique** bears the date of November, 1914, but it was published a year after that. The German periodicals have been scarcely more regular in publication; and have been more delayed in transmission. So great are the difficulties thus raised that of our old and valued exchange, **The Ophthalmic Review,** which has always consisted largely of review matter, the editors announce that "owing to the war and its effects upon the output of medical literature, they will be unable to continue the regular issue of the journal until the war is finished." They propose to issue it "at irregular intervals when sufficient material is obtainable."

One, glancing at the Index from month to month, might readily overlook the extent of this disturbance of the literature of ophthalmology. The complete absence for eighteen months of any mention of an old and important journal like the **Annales d'Oculistique** might not be noticed. The complete suspension of French and German ophthalmological societies might escape attention. But to anyone closely in touch with the facts it must be apparent that the normal

development of ophthalmic science has been sadly interrupted. Only when looked back upon, in the future, will the extent of the loss become evident.

USE OF THE INDEX.

To many who are accustomed to the use of the Index of Ophthalmology, any further explanation of it may be unnecessary. But with the new year come a certain number of new readers, who may need such explanation, and even some who have used the Index have not fully mastered its meaning.

The titles of all papers received during one month are separated into thirty groups under the respective headings, Diagnosis, Therapeutics, etc. In each group the titles appearing for the first time are arranged, according to the authors' names, alphabetically. At the last of each group will commonly be found the heading "Repeated Titles."

The author's name is printed in heavy-face type, giving the surname in full, and the initials of other names, when these appear, in connection with the article. Then follows the title of the paper. This is translated into English from other languages; and for papers appearing originally in English the title is sometimes somewhat altered. Some useless words as "remarks on," "studies of," "experiments with," etc., are omitted. The part of the title is used which tells what the paper is about. In some instances the title is wholly changed. Instead of giving the heading "A Peculiar Case of Injury to the Eye," the title given in the Index would tell what the injury was. The underlying idea is that the Index shall help the reader to find what he wants to know, not especially to perpetuate the phraseology of the author.

After the title of the paper the abbreviation (Bibl.) indicates that it is accompanied by a bibliography; (Dis.) tells that is was read in a society, and is followed by a discussion which is published with it. A number with Ill. indicates the number of illustrations, or with Pl., the number of plates that accompany the paper. Then follows the name of the journal in which the paper appears. Some of these names are given in full, but most of them are abbreviated. Most of the abbreviations used follow closely, not always absolutely, those used by the **Journal of the American Medical Association** or the **Index Medicus.** Some of them may be a little puzzling at first, but it is believed that they are sufficiently full to prevent any mistake as to the journal meant, when carefully examined. After the name of the journal come the number and page; or, in some instances, the date of the issue, or its serial number.

With reference to Repeated Titles. These include the papers noticed in previous issues of **Ophthalmic Literature.** Sometimes the title is repeated because the paper is continued, running through two or more successive numbers. Sometimes a paper appearing originally in another language has been translated into English. Sometimes a paper, read before a society and published in a journal, is

subsequently published in the transactions of the society. Sometimes a paper published in French or German becomes more available from an abstract appearing in English; or one published originally in Russian or Swedish is abstracted in French or German. Sometimes the original reference has been to the title of a thesis without abstract, and at a later date a valuable abstract is obtained. In any case the figures in brackets indicate the volume and page of **Ophthalmic Literature** in which the title of the paper originally appeared. After this comes the journal in which the continuation or second notice is to be found, followed by its volume and page. Thus, under "Diagnosis" "Repeated Titles," the title of the paper by Kunz and Ohm, which of course refers to a subject grouped under Diagnosis, will be found in Volume 5 of **Ophthalmic Literature**, page 143. An abstract of it appears in Ophthalmology, volume 12, page 402.

The whole of the arrangement of the Index may appear rather too condensed to one not familiar with it. But it will be used chiefly by those who have become accustomed to it, and for them the condensation adds to its value. It lessens the space to be covered in looking for a particular article, and so saves time and eyesight.

THE PHILADELPHIA OPHTHALMOLOGICAL SOCIETY.

The Ophthalmological Society of Philadelphia was organized February 1, 1870. The meeting for organization was held at the Pennsylvania Hospital at 8 o'clock in the evening. There were present Drs. R. J. Levis, George Strawbridge, William F. Norris, William Thomson, Edward Hartshorn, Morris Longstreth, T. G. Morton, Harrison Allen, W. W. McClure, A. D. Hall, J. H. Brinton, E. Dyer, L. H. Adler and William Hunt. On motion of Dr. Morton, Dr. Levis was appointed temporary president and Dr. Hunt temporary secretary. It is interesting to note that the following named gentlemen were reported as wishing to be included among the charter members: Drs. I. Hays, F. F. Maury, D. Hayes Agnew, O. P. Rex, J. H. Packard, S. W. Cross, E. H. Page, W. H. Pancoast, J. F. Weightman, E. Livezy, G. C. Harlan, C. S. Boker, A. Hewson, T. H. Andrews and W. W. Keen.

On motion of Dr. Edward Hartshorn they proceeded to form a permanent organization, which resulted in the election of Dr. I. Hays for president, Drs. Hartshorn and T. G. Morton for vice presidents, W. F. Norris for secretary, and Dr. Hartshorn for treasurer. On motion of Dr. Brinton the president appointed Drs. Thomson, Allen, Dyer, Brinton, Strawbridge as a committee of five to draft the constitution and by-laws for the government of the society, and Dr. Hartshorn was appointed a committee "to ask permission of the College of Physicians to meet in their building," after which the meeting adjourned to meet at the call of the Committee on Constitution and By-Laws. This meeting was called for February 15, 1870, and there is a complete record of motions and amendments, etc., for the various articles of the Constitution and By-Laws, but no copy of the rules

and regulations for its government as finally adopted is included in the minutes.

The monthly meetings of the society with a complete copy of their minutes and the cases presented, etc., are recorded in the minute-book, the meetings having been held in the library of the College of Physicians, then at Thirteenth and Locust Streets. The meetings seem to have been of great scientific interest, many interesting and unusual cases having been presented and discussed ably by the different members of the society. My own name occurs as having been elected to membership in the minute of February 7, 1871.

The attendance and interest continued without abatement until December 18, 1874, when Dr. Norris moved that the society be disbanded and the money in the treasury be handed over to the library of the College of Physicians for the purchase of books on ophthalmology. Dr. S. W. Gross seconded the motion and Dr. Samuel Ashurst an amendment that the balance in the treasurer's hands on the 1st of January, 1875, should be handed to the library of the College of Physicians for the purchase of ophthalmological books. Dr. Goodman offered an amendment to Dr. Norris' motion, that those who wished to resign from the society be permitted to do so, and Dr. Strawbridge moved as an amendment that the money remain in the society.

This amendment, however, was lost, and the society adjourned without acting upon Dr. Norris' motion.

An effort seems to have been made to continue the life of the society. Another meeting was held on January 5th in the library of the College of Physicians and subsequent meetings were held at 1427 Chestnut Street, with Dr. Strawbridge in the chair, and two others at 1421 Chestnut Street, the last being on Tuesday, April 6, 1875, after which there is no record of other meetings. There was no scientific business at the last meeting, the minutes stating that this being one of the social character, no business was presented.

SAMUEL D. RISLEY.

THE OPHTHALMIC AND AURAL BOOK CLUB OF PHILADELPHIA.

January 23, 1883, Drs. W. S. Little, J. L. Carncross, Charles A. Oliver and L. Webster Fox convened in the reading room of the University Club, Philadelphia, to discuss the propiety of organizing an Ophthalmic and Aural Book Club, the objects being to advance the science of ophthalmology and otology and the distribution of ophthalmic literature. The association consisted of ten active members.

The following journals were first subscribed for: Archiv fur Ophthalmologie, Ophthalmic Review, Klinische Monatsblatter fur Augenheilkunde, Centralblatt fur Praktische Augenheilkunde, Recueil d'Ophtalmologie, Annales d'Oculistique, American Journal of Otology. Later we added American Journal of Ophthalmology, Archiv fur Augenheilkunde, Transactions of the American Ophthalmological Society (1884),

Moorfields Ophthalmic Hospital Reports (1884), Transactions of the American Otological Society (1884).

The members were Drs. Little, C. A. Oliver, J. L. Carncross, L. Webster Fox, McKay, T. D. Meyers, M. H. Forrest, Charles A. Turnbull, Charles Shaffner, B. Alexander Randall and E. O. Shakespeare. The circulation of the medical journals was not alone the object of the society (afterwards called Association), but papers were read and cases were brought before the society for discussion. The society existed from January, 1883, to January, 1886. L. WEBSTER FOX.

BOOK NOTICES.

Transactions of the Ophthalmological Society of the United Kingdom. Volume 35. 8vo., 394 pages. Illustrated. London: J. and A. Churchill.

This volume, larger than the average of the series to which it belongs, is pleasing evidence that the attention of the British ophthalmologists is not wholly given over to war. But the leading discussion, which occupies sixty-eight pages, is devoted to war injuries; and of the seventeen surgeons taking part in it nearly all had recent cases on which to base their remarks. These experiences relate to a wide range of lesions; from foreign bodies in the cornea to wounds of the cortical centers in the occipital lobe, and from absolute destruction of the eye and surrounding parts to temporary blindness from the shock of shell explosions. One observerer presented a table of twenty-eight cases of blindness.

The papers and remarks on the other special topic for discussion, Detachment of the Retina, occupy 100 pages. The list of other topics brought before the society is a long and varied one. Of the fifty-three communications included in the volume several occupy less than a page, and only fifteen extend beyond ten pages. They are brief and practical, the kind of literature that English-speaking ophthalmologists appreciate. Every working ophthalmologist will find it worth his while to have these Transactions in his library.

Festschrift für H. Sattler. Ocatvo, 486 pages, with 10 plates and 62 figures in the text. Leipsic: W. Engelmann. Price, 27 marks.

This volume, although appearing as Volume 90 of **Graefe's Archiv für Ophthalmologie**, of which Prof. Sattler has long been an editor, is wholly devoted to celebration of his seventieth birthday. Its frontispiece is a fine photogravure of the man, to whom friends and scholars have dedicated their work, and who has for many years made Leipsic a center of ophthalmic interest. The thirty papers here published are contributed by twenty-six authors, most of whom live in Germany or Austria, but among whom Belgium, England and Japan are also represented.

Berry G. L. Trachoma—A Menace to America. 8vo., 40 pages, 27 ill. New York: National Committee for the Prevention of Blindness. 1915.

This pamphlet is No. 6 of the publications of this committee. It is written for the general public, and deals with the prevalence of trachoma and its effects upon vision, and methods for its control and eradication.

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Abstracts From Foreign Journals

Cosmettatos, G. F. Indirect Shot Injuries of the Eye in War. (Archiv für Augenheilkunde, vol. 79, p. 29.)

Thirty-five eye injuries from stone splinters are considered. When the injuries were superficial the results were not serious. In cases of penetrating injury the vision was completely or partially lost or the eye destroyed. Partial loss of vision occurred in six cases of corneal and two of lens injury, and total loss of vision occurred in two cases of corneal injury, in one case involving the cornea, iris and vitreous, and in one of injury to the ciliary body. Four cases of injury by wooden splinters are described, one involving the conjunctiva, two the cornea (with iris prolapse) and one the lens. In each case there was partial loss of vision.

Heerfordt, C. F. Does Venous Stasis Cause Transudate Which Complicates Fistula-Forming Operations for Glaucoma? (Graefe's Archiv für Ophthalmologie, vol. 89, page 484.)

Study of the literature and observation of his own patients have shown Heerfordt that the fistula-forming operations for chronic glaucoma are frequently accompanied by two circulatory peculiarities: (1) A pronounced tendency to the formation of posterior synechiae; (2) a marked disposition to emigration of red blood corpuscles from the tunica vasculosa. There is also, perhaps in many cases, a deposit of pigment epithelium from the uvea in the fistula which leads from the anterior chamber to the subconjunctival tissue. The number of red blood corpuscles thus migrating into the aqueous humor is often so great that when the patient is erect a hyphema is formed. The red corpuscles which form this hyphema come in a constant stream from the posterior to the anterior chamber. This tendency to hemorrhagic exudation particularly involved the ciliary processes. Arguing from the lack of pericorneal injection such as would be encountered with iritis, from the absence of discoloration of the iris, from the fact that the pupil did not become contracted, and from the absence of pain and tenderness in these cases, Heerfordt concludes, that the hemorrhagic fibrinous transudation from the uvea is most satisfactorily explained as the expression of a venous stasis.

Kunz, L., and Ohm, J. Photographic Measurements of Distance Between the Eyes, and of the Pupil. (Graefe's Archiv für Ophthalmologie, vol. 89, page 469.)

This article first describes a complex apparatus for flashlight photography of the eye with or without binocular fixation. One part of the apparatus is devoted to holding the patient and keeping his head in a fixed position. Another part consists of a tall stand carrying the camera and the flashlight mechanism. When it is desired to photograph both eyes with only one eye fixing, the other eye is covered with a disc whose position can be varied at will according to the elevation of the eyes, and which is instantaneously removed from before this eye by means of a spring mechanism which is set in action simultaneously with the ignition of the flashlight powder and the opening of the lens shutter of the camera. The time occupied by the exposure to the flashlight, about a quarter of a second, is not sufficient to allow the second eye to recover its normal position of binocular fixation. Since without a special ray filter and greatly increased

illumination the pupil in brown-eyed persons does not show distinctly in the photograph, and since the outer edge of the cornea is not so satisfactory for purposes of measurement as is the pupil itself, blue-eyed person were found best adapted to the experiment.

Measurement made with the photographic apparatus described yielded the following results: In spite of the considerable displacement of the soft parts of the orbit which is involved in movement of the eye from below upward, there are cases in which the rotation of the eye is as perfect as though this movement occurred in a stabile socket around a fixed point. At any rate, there was no displacement of the turning point in a horizontal direction. Thus when the measurement of the distance between the eyes in different visual positions yielded the same result, the method employed would objectively and incontestably demonstrate the presence of the binocular act of vision.

In other cases with binocular vision, the rotation of the eye is less exact. The distance between the eyes is always smallest with lowered visual direction, increases with elevation as far as the horizontal, and with further elevation either increases or again somewhat diminishes. This rule also holds when the binocular visual act is artificially interrupted, only here the differences are usually considerably greater than with binocular fixation. The pupillary differences in various visual positions are slight, although often distinctly perceptible. There seems to be a fixed relation between the visual position and the size of the pupil. At any rate, in a number of cases the change in size of the pupil is fairly parallel to that in the distance between the eyes. As concerns the behavior of the ocular muscles in miners with nystagmus, some cases are found with increasing diversion in upward rotation, and others with perfect muscle balance.

Lauber, H. Accommodation Spectacles. (Graefe's Archiv für Ophthalmologie, vol. 89, p. 401.)

Reference is made to the fact that many presbyopes are obliged to use several pairs of glasses for occupations in which the visual distance varies, as for example, in reading a book or music on the piano, in painting at an easel and mixing paints on the palette, as well as in distant vision. Lauber has worked with Professor Von Rohr of Jena to solve the problem of making spectacles whose focal distance shall be capable of variation. (The optical problems and limitations involved are considered by Von Rohr in a separate article.) In the binocular apparatus described, provision is made for changing the distance between the two lens systems simultaneously with the change in focal distance. The apparatus is made by Zeiss of Jena.

Each half of the spectacles consists of two lenses or combinations at a short distance from one another, and so arranged that the front lens can be varied in distance from the back lens, which retains a fixed distance from the eye; an increase or decrease in the focal strength of the total optical system being thus obtained. At the same time a screw thread, similar to that used in adjustable trial frames, diminishes or increases the distance between the lens systems of the respective eyes. The possible change of focal strength is 4 diopters—enough for the practical needs of the non-accommodating eye, and allowing the patient to adjust his vision for every distance between infinity and 25 centimeters.

The external appearance of the apparatus reminds one of anisometropic or telescopic spectacles. The optical system for each eye is contained in a cylindrical tube whose surface has a radius of curvature of 25 mm. The mechanism for interpupillary adjustment is connected with another mechanism, which varies the distance between the elements of the optical system of each eye. Actual experiments on non-accommodating eyes, either senile or under atropin, have shown

the practicability of the apparatus. Each person tested obtained at the various distances the impression of simple binocular vision.

The visual field of the apparatus is limited to 24 degrees. According to Von Rohr, accommodation spectacles can be made for basic refractions up to 5 diopters, in which may be included astigmatic corrections up to about 4 diopters. In near adjustment the apparatus magnifies somewhat more than is the case with spherical lenses of the same focal strength. The weight of the spectacles is given as 43 grams, and is said not to be irksome after lengthy use. The variations in focal distance are made by the patient by the turning of a single screw. Each optical system consists of an assembling element composed of two single lenses and a simple dispersing element. In the particular combination tested by Lauber the distance between the elements in the position for infinity was 1.27, and the distance for a position of 25 cm. from the eye was 5.37 mm.

Meller, J. Sympathetic Inflammation in the First Without Disease of Second Eye. (Graefe's Archiv für Ophthalmologie, vol. 89, page 427.)

In each case reported the injured eye was removed on account of inflammation, the second eye being retained in a healthy condition. In the first case a penetrating wound had been followed by an exudative process involving chiefly the iris and cornea and the surface of the ciliary body, and in a slight degree the retina. At the time of removal of the eyeball, however, this exudative process was no longer active, but especially in the choroid, and in less degree the iris and the ciliary body, were the seat of a recent disturbance. The histologic findings in these new areas unquestionably corresponded with the typical picture of infiltration found in eyes the inflammatory changes in which provoke sympathetic disturbance in the second eye.

In the second case an eye which had been penetrated by a large steel splinter was removed about a month after the injury on account of repeated attacks of inflammation. The site of perforation had healed without inflammatory change, but there had developed in the scar tissues, certain nodules the structure of which—viz., epithelioid cells with giant cells, surrounded by lymphocytes—differed essentially from the infiltrates of the inflammation ordinarily following a perforating injury.

Lohmann, W. Red-green Blindness Observed After Snow-dazzling. (Archiv für Augenheilkunde, vol. 79, p. 35.)

In the first instance the disturbance of color vision was of a fugitive character. When the patient first came to the clinic he was no longer conscious of the presence of any disturbance. The condition was determined with the Nagel anomaloscope, which showed a failure to sharply distinguish the red-green mixtures. In the second instance a congenital defect of color sense showed a marked further change for the worse after snow-dazzling. There was xanthopsia. The condition was progressive for several months.

Palich-Szanto, O. Forms of Lid Carcinoma. (Archiv für Augenheilkunde, vol. 79, p. 16.)

Twelve cases are clinically and histologically described. With one exception all were basal cell carcinomata. The authoress therefore confirms the view that carcinomata of the eyelids are predominatingly of this character.

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